

MARY A. CLARKE

Plaintiff(s)

Index # 07 CIV 8450

- against -

Purchased September 28, 2007

UNITED STATES OF AMERICA

Defendant(s)

**AFFIDAVIT OF SERVICE**

STATE OF NEW YORK: COUNTY OF NEW YORK ss:

ANDERSON CHAN BEING DULY SWORN DEPOSES AND SAYS DEPONENT IS NOT A PARTY TO THIS ACTION, OVER THE AGE OF EIGHTEEN YEARS AND RESIDES IN THE STATE OF NEW YORK.

That on October 15, 2007 at 03:10 PM at

86 CHAMBERS TREET, 3RD FL.  
NEW YORK, NY 10007

deponent served the within SUMMONS & VERIFIED COMPLAINT on UNITED STATES OF AMERICA therein named.

BY LEAVING A TRUE COPY WITH MS. CHARLES, LEGAL CLERK, BEING AUTHORIZED TO ACCEPT LEGAL PAPERS STATED.

Deponent further states that he describes the person actually served as follows:


<u>Sex</u>	<u>Skin Color</u>	<u>Hair Color</u>	<u>Age (Approx.)</u>	<u>Height (Approx.)</u>	<u>Weight (Approx)</u>
<u>FEMALE</u>	<u>BLACK</u>	<u>BLACK</u>	<u>35</u>	<u>5'6</u>	<u>145</u>

That at the time of such service deponent knew the person so served as aforesaid to be the same person mentioned and described as the Defendant in this action.

Sworn to me on: October 16, 2007

JOEL GRABER  
Notary Public, State of New York  
No. 02GR4699723  
Qualified in New York County  
Comm. Expires February 10, 2010

JONATHAN GRABER  
Notary Public, State of New York  
No. 01GR6156780  
Qualified in New York County  
Comm. Expires December 4, 2010

  
**ANDERSON CHAN**  
License #: 1220482  
Invoice #: 449061

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

*Hon. Peter Keisler*  
*Acting Attorney General*  
*of the United States*  
*950 Pennsylvania Ave.*  
*N.W. Washington, D.C.*  
*20530-0001*

Article Number: *3811* (Transfer from service label)

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Peter Keisler* ☐ Agent ☐ Addressee

X ☒ Received by (Print Name) *Peter Keisler* Date of Delivery *01/03/2009*

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

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Restricted Delivery Fee (Endorsement Required)	
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 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

